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| APPLICATION NUMBER                    | FILING/RECEIPT DATE            | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
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| RADER FISH                            | IPPOLA SR<br>IAN AND GRAVER    |                       | MOT ASSIGNED              |
| SUITE 140<br>BLOOMFIELD               | WOODWARD AVENUE HILLS MI 48304 |                       | 2876                      |
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## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

| entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must all to avoid abandonment.  | et forth in 37 CFR 1.16(e) of □ \$65.00 for a sma<br>so be timely submitted in reply to this NOTICI |
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| If all required items on this form are filed within the period set above, the total a small entity (statement filed) one small entity is \$_/ >_/  | amount owed by applicant as a   |
| ☐ 1. The statutory basic filing fee is: ☐ missing. ☐ insufficient.   | `   |
| Applicant must submit \$to complete the basic filing fee such status (37 CFR 1.27).  2. Additional claim fees of \$, including any multiple dependence.  | e and/or file a small entity statement claiming   |
| \$forindependent claims over 3.  | perit ciairri rees, are required.   |
| \$for dependent claims over 20.  |   |
| for multiple dependent claim surcharge.  Applicant must either submit the additional claim fees or cancel additional claim fee | ce. formation and identifying the application by or or person qualified under 37 CFR 1.42           |
| An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventor(s), identifying this application by the above Application Number and File 6. A \$50.00 processing fee is required since your check was returned without payn 7. Your filing receipt was mailed in error because your check was returned without 8. The application does not comply with the Sequence Rules.  See attached Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."  | ling Date, is required.   |
| Direct the reply and any questions about this notice to "Attention: Box Missing Parts."  A copy of this notice MUST be returned with the copy of this notice.  | vith the reply.   |
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